

VMT • Vision Machine Technic Bildverarbeitungssysteme GmbH • Mallaustr. 50-56 • 68219 Mannheim

**Request by and acceptance of the invoice:**

Company: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Departm.: \_\_\_\_\_  
 Phone.: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Reference Customer: \_\_\_\_\_  
 VMT Project-No.: \_\_\_\_\_

Invoice address:  
 Company: \_\_\_\_\_  
 Adress: \_\_\_\_\_  
 Zip town: \_\_\_\_\_  
 Received at VMT GmbH by:  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

**Request for Service Mission**

Desired Mission Date: \_\_\_\_\_

Mission Place: \_\_\_\_\_

Description of Mission / Service:

Refund of Costs:     to expense                       Warranty (acknowledge provided)  
                               as quoted                                       as agreed (see note)

Confirmation of the request by customer:

Date: \_\_\_\_\_

City: \_\_\_\_\_                      Stamp                      Signature                      in block letters

***Please return the signed sheet a.s.a.p. via FAX to VMT GmbH FAX-No.: +49/621/84250-189 or via Email at service@vmt-systems.com***